## Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED MAY 0 6 2008

Received By MAY 0 5 2008 Septlement Services, Inc.

## **CLAIM FORM**

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

	-	•
L. Your Contact Information.		
Please review and, if necessary, co	prrect on the line to the	right your contact information:
Cadence Employee ID # 104932 Last four digits of Social Security	number	
llılırıldırıdlırlıllılırıdlırlırıdlır Santosh Kulkarni 50		
If you wish, please add further con and/or Class Counsel to reach you settlement check	in the event there are o	This will help the Settlement Administratequestions or difficulties sending you your
ar and A Cottlement Char	ra Dates of Employme	ent, and Work Location
The standard Tree so the	sords show that you w	vere employed by Cadence in a Covered
	d as defined in the Sett	lement (see § 1.a. of the Class Notice) as
follows:		
follows:	Dat	tes of Employment  End Date
		tes of Employment

1 of 2 Claim Form

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

## 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b): (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.		
3. I wish to receive my share of the proposed Settlement.	04/24/2008	, 2008
Signature	Date	

## 4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

## 5. Questions?

Case 5:07-cv-02813-JW

Document 68-15

Filed 06/19/2008 ENTERED MAY 2 1 2008

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

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Received By MAY 21 2008 ettlement Services, Inc.

## **CLAIM FORM**

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6.	5. Your Contact Information		
	Please review and, if necessary, correct	on the line to the	right your contact information:
	Cadence Employee ID #: 101180 Last four digits of Social Security numb	er:	
	Hien La		
	~ · · · · · · · · · · · · · · · · · · ·		
	If you wish, please add further contact in and/or Class Counsel to reach you in the settlement check.  Telephone number (daytime): Telephone number (evening) E-mail:	nformation here.	This will help the Settlement Administrator questions or difficulties sending you your
7.		tes of Employm	ent and Work Location
·	Cadence Design Systems, Inc.'s records	show that you w efined in the Sett	
	State(s) Where You Worked State	rt Date	End Date
	CA		

Based on this information, your estimated Settlement Share is \$ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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## 8. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
- 3. I wish to receive my share of the proposed Settlement.

Cahun 5/10/, 2008

#### 9. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action Settlement Administrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

#### 5. Questions?

ENTERED JUN 0 2 2008

# Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

JUN 0 2 2008

Settlement Services, 1:.

## **CLAIM FORM**

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4	N. Contact Information		
1.	Your Contact Information.		4.4.5.6
	Please review and, if necessary, con	rrect on the line	to the right your contact information:
	Cadence Employee ID # 105553 Last four digits of Social Security r	number	
	lluludluludlululdluldluudduld Jeffrey Lantz 93	ժուհեհե	
	If you wish, please add further contand/or Class Counsel to reach you settlement check.	tact information in the event there	here. This will help the Settlement Administrate are questions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening) E-mail:		
2.	Your Estimated Settlement Share	e, Dates of Emp	loyment, and Work Location
<b>-</b>	Cadence Design Systems, Inc.'s rec Position during the Covered Period follows:	cords show that y as defined in th	you were employed by Cadence in a Covered e Settlement (see § 1.a. of the Class Notice) as
			Dates of Employment
	G. ( ) Will - W Westerd	Start Date	End Date
	State(s) Where You Worked	Start Date	End Date
	CA		
	ID	-	



Based on this information, your estimated Settlement Share is \$ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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missing 11-1-03 thru 5/29/04 in Idaho - Pay stubs

are included with my mailing.

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed

information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

## 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
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3. I wish to receive my/share of the proposed Settlement.

Date

#### 4. Postmark Deadline

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## 5. Questions?

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JUN 0 2 2008

settlement Services, In-

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

ENTERED JUN 0 4 2008

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1.	Your Contact Information			
	Please review and, if necessary, con	rrect on the line to	the right your contact information:	
	Cadence Employee ID #: 70747 Last four digits of Social Security r	number:		 
	Deborah R. Ledbetter			_
				<del>-</del>
	and/or Class Counsel to reach you is settlement check.  Telephone number (daytime): Telephone number (evening) E-mail:	in the event there	ere. This will help the Settlement Admare questions or difficulties sending yo  — — —	u your -
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location			
	Cadence Design Systems, Inc.'s rec	ords show that yo	ou were employed by Cadence in a Cov Settlement (see § 1.a. of the Class Noti	vered (ce) as
			Dates of Employment	
	State(s) Where You Worked	Start Date	End Date	
	MA	:		



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Settlement Services, In-

Your estimated Settlement Based on this information, your estimated Settlement Share is Share is calculated under the assumption that (i) the Court finany approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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## 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
- 3. I wish to receive my share of the proposed Settlement.

Signature June 2,

#### 4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

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#### 5. Questions?

# Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 **RECEIVED BY** 

APR 28 2008

SSI

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1.	Your Contact Information.  Please review and, if necessary, correct on the line to the right your contact information:
•	Cadence Employee ID # 201811  Last four digits of Social Security number
	Haladaadhaladaladadadadadadadadadadadadad
	If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
	Telephone number (daytime):  Telephone number (evening)  E-mail:
•	Your Estimated Settlement Share, Dates of Employment, and Work Location  Your Estimated Settlement Share, Dates of Employment, and Work Location
2.	Your Estimated Settlement Share, Dates of Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Cadence Design Systems of the Cadence Desig
	follows:
	Dates of Employment
	State(s) Where You Worked Start Date End Date
	State(s) where to a more

CA

N Y

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3. I wish to receive my share of the proposed Settlement.

Signature

4 9 April 9th , 2008

## 4. Postmark Deadline

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Post Office Box 1756
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Tel.: (866)854-6044 Fax: (850)385-6008

## 5. Questions?

ENTERED MAY 1 9 2008

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Received By MAY 1 9 2008 Settlement Services, In-

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1.	Your Contact Information.
	Please review and, if necessary, correct on the line to the right your contact information:
	Cadence Employee ID # 110701  Last four digits of Social Security number
	Hilmhillinnihillinnihillinhihillinhihillinhihill
	If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
	Telephone number (daytime):  Telephone number (evening)  E-mail:
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location
	Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:  Dates of Employment
	State(s) Where You Worked Start Date End Date

CA

Based on this information, your estimated Settlement Share is \$ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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,2008

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#### 5. Questions?

Document 68-15 Filed 06/19/200@NTPERET 9 9 2 8 2008 Case 5:07-cv-02813-JW **RECEIVED BY** 

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APR 28 2008

SSI

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	Please review and, if necessary, correct on the line to the	
	Cadence Employee ID # 107756  Last four digits of Social Security number	
	lldadalllaaddlaaddadlaallaalladladladlad	
	If you wish, please add further contact information here. and/or Class Counsel to reach you in the event there are esttlement check.	This will help the Settlement Administra
	and/or Class Counsel to reach you in the event there are settlement check.  Telephone number (daytime): Telephone number (evening)	
2	and/or Class Counsel to reach you in the event there are settlement check.  Telephone number (daytime): Telephone number (evening) E-mail:  Dates of Employment Share Dates of	ent, and Work Location
2.	and/or Class Counsel to reach you in the event there are settlement check.  Telephone number (daytime): Telephone number (evening) E-mail:  Your Estimated Settlement Share, Dates of Employm	ent, and Work Location
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CA

Based on this information, your estimated Settlement Share is \$\frac{1}{2}\$ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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3. I wish to receive my sharp of the proposed Settlement.

Signature

4/23/08

2008

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## 5. Questions?

Higazi v. Cadence Design Systems, Inc. **Class Action Settlement Administrator** 

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 ENTERED APR 2 2 2008 **RECEIVED BY** 

APR 22 2008

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Your Contact Information.			
Please review and, if necessary, cor	rect on the line to th	e right your contact information:	
Cadence Employee ID # 106810 Last four digits of Social Security n	umber		
	en e		
lldudubblidublidhllududulu Xiaomino Li 192	dhladlal		
If you wish, please add further cont	act information here n the event there are	This will help the Settlement Acquestions or difficulties sending	dmin you y
If you wish, please add further cont and/or Class Counsel to reach you i settlement check.  Telephone number (daytime):  Telephone number (evening)  E-mail:	act information here n the event there are	This will help the Settlement Acquestions or difficulties sending	dmin you y 
and/or Class Counsel to reach you i settlement check. Telephone number (daytime): Telephone number (evening) E-mail: Your Estimated Settlement Share	n the event there are	nent, and Work Location	you y  
and/or Class Counsel to reach you i settlement check. Telephone number (daytime): Telephone number (evening) E-mail:  Your Estimated Settlement Share Cadence Design Systems, Inc.'s rec Position during the Covered Period	n the event there are  c. Dates of Employs  cords show that you	nent, and Work Location were employed by Cadence in a C	you y
and/or Class Counsel to reach you i settlement check.  Telephone number (daytime): Telephone number (evening) E-mail:  Your Estimated Settlement Share	n the event there are  c. Dates of Employs  cords show that you as defined in the Se	nent, and Work Location were employed by Cadence in a Cattlement (see § 1.a. of the Class N	you y
and/or Class Counsel to reach you i settlement check. Telephone number (daytime): Telephone number (evening) E-mail:  Your Estimated Settlement Share Cadence Design Systems, Inc.'s rec Position during the Covered Period	n the event there are  c. Dates of Employs  cords show that you as defined in the Se	nent, and Work Location were employed by Cadence in a C	you y

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Based on this information, your estimated Settlement Share is Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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## 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b): (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

April 15, 2008, 2008

#### 4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

## 5. Questions?

## Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By
MAY 2 0 2008
Settlement Services, Inc.

ENTERED MAY 2 0 2008

## **CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

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1.	Your Contact Information.		Compations	
	Please review and, if necessary, corr	ect on the line to the ri	right your contact information:	
	Cadence Employee ID # 100974 Last four digits of Social Security no			
	hldudduulludluulluulluudullduull Daniel J Lind 77	dhadadl		
	If you wish, please add further conta and/or Class Counsel to reach you is settlement check.	act information here. In the event there are qu	This will help the Settlement Admin questions or difficulties sending you	nistrato your
	Telephone number (daytime): Telephone number (evening) E-mail:			
2.	Your Estimated Settlement Share	. Dates of Employme	ent, and Work Location	
	Cadence Design Systems, Inc.'s rec Position during the Covered Period follows:	1 -1 that 2201 3370	vere employed by Cadence in a Cove	red e) as
	ionows.	Date	tes of Employment	<u>.</u>
	State(s) Where You Worked	Start Date	End Date	<b>.</b> .
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Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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3. Lwish to receive my share of the proposed Settlement.

Signature

Date

, 2008

#### 4. Postmark Deadline

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Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

#### 5. Questions?

Case 5:07-cv-02813-JW Document 68-15 Filed 06/19/2008 Page 19 of 80

## Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By MAY 20 2008 Settlement Services, Inc

ENTERED MAY 2 0 2008

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## **CLAIM FORM**

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1.	Your Contact Information.	that information:	
	Please review and, if necessary, correct on the	e line to the right your contact information.	
	Cadence Employee ID # 105640 Last four digits of Social Security number		
	lldudduullululululluluduullululululullul		
	If you wish, please add further contact inform and/or Class Counsel to reach you in the ever settlement check.	nation here. This will help the Settlement Administra nt there are questions or difficulties sending you your	ator
	Telephone number (daytime): Telephone number (evening) E-mail:		
2.	Your Estimated Settlement Share, Dates o	of Employment, and Work Location	
	Cadence Design Systems, Inc.'s records show Position during the Covered Period as define	w that you were employed by Cadence in a Covered ed in the Settlement (see § 1.a. of the Class Notice) as	}
	follows:	Dates of Employment	
	Grand Where You Worked Start Da	D 1D-4-	
	State(s) Where You Worked Start Da	aic	
	CA		

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3. I wish to receive my share of the proposed Settlement.

2r.Ans

May 16,

. 2008

Signature

Date

## 4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

#### 5. Questions?

## Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 ENTERED APR 2 4 2008

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APR 24 2008

Settlement Services. h

## **CLAIM FORM**

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

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1.	Your Contact Information.
	Please review and, if necessary, correct on the line to the right your contact information:
	Cadence Employee ID # 202491  Last four digits of Social Security number
	Hilmfulffinlididhamllididhlididhdd Anil Colin Lobo 182
	If you wish, please add further contact information here. This will help the Settlement Administrate and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
	Telephone number (daytime):
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location
	Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as
	follows:
	Dates of Employment
	State(s) Where You Worked Start Date End Date

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Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

Page 22 of 80

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## 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
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- 3. I wish to receive my share of the proposed Settlement.

  APRIL, 16, 2008

  Signature

  Date

## 4. Postmark Deadline

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Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

#### 5. Questions?

Case 5:07-cv-02813-JW Document 68-15 Filed 06/19/2008 Page 23 of 80

## Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By
APR 2 1 2008
Settlement Services, In-

ENTERED APR 2 1 2008

## **CLAIM FORM**

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Please review and, if necessary, co	rrect on the line to the	right your contact information:
Cadence Employee ID # 111860 Last four digits of Social Security 1	number	
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If you wish, please add further cont	tact information here.	This will help the Settlement Administrations or difficulties sending you yo
and/or Class Counsel to reach you is settlement check.  Telephone number (daytime): Telephone number (evening)	tact information here. in the event there are q	This will help the Settlement Administrations or difficulties sending you you
and/or Class Counsel to reach you is settlement check.  Telephone number (daytime): Telephone number (evening) E-mail:	in the event there are q	uestions or difficulties sending you yo
and/or Class Counsel to reach you is settlement check.  Telephone number (daytime): Telephone number (evening) E-mail:  Your Estimated Settlement Share Cadence Design Systems, Inc.'s recommendations.	in the event there are q  e. Dates of Employme  cords show that you we  l as defined in the Settle	ent, and Work Location ere employed by Cadence in a Covered ement (see § 1.a. of the Class Notice) a
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- 3. I wish to receive my share of the proposed Settlement.

April Mocalor In

April 11 , 2008

Date

#### 4. Postmark Deadline

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> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

#### 5. Questions?

# Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By
APR 2.1 2008
Settlement Services, Inc.

ENTERED APR 2 1 2008

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1.	Your Contact Information.			
	Please review and, if necessary, cor	rect on the line t	o the right your contact information:	
	Cadence Employee ID # 113930 Last four digits of Social Security n	umber		
	lldudddindaldddlldudludddlldu Barbara M. Maloney 100			
	If you wish, please add further cont and/or Class Counsel to reach you i settlement check.	act information l n the event there	nere. This will help the Settlement Administrate are questions or difficulties sending you your	
	Telephone number (daytime): Telephone number (evening) E-mail:			
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location			
	Cadence Design Systems, Inc.'s rec Position during the Covered Period follows:	ords show that y as defined in the	ou were employed by Cadence in a Covered Settlement (see § 1.a. of the Class Notice) as  Dates of Employment	
	State(s) Where You Worked	Start Date	End Date	
	CA		-	

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3. I wish to receive my share of the proposed Settlement.

Barbara Maloney April 9
Signature Date

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Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

#### 5. Questions?

Filed 86/19/2008 ENTER 27 of 80 PR 1 1 2008

## Higazi v. Cadence Design Systems, Inc. **Class Action Settlement Administrator**

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

Received By APR 1 0 2008 settlement Services, Inc.

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1.	Your Contact Information.		
	Please review and, if necessary, correct on the line to the right your contact information:		
	Cadence Employee ID # 112313  Last four digits of Social Security number		
	Ildindidundudlidududliduddid Steven Margarit 97		
	If you wish, please add further contact information here. This will help the Settlement Administra and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.		
	Telephone number (daytime):  Telephone number (evening)  E-mail:		
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location		
	Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:		
	Dates of Employment		
	State(s) Where You Worked Start Date End Date		
. :			

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or

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3. I wish to receive my share of the proposed Settlement.

\_\_\_\_\_

Date , 2008

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Tel.: (866)854-6044 Fax: (850)385-6008

#### 5. Questions?

Case 5:07-cv-02813-JW

Document 68-15<sub>2.0</sub> Filed 06/19/2008

Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator Post Office Box 1756

Page 29 of 80

Received By

APR 14 2008

Settlement Services, In-

## Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 **ENTERED** APR 1 4 2001

## **CLAIM FORM**

CA

NOTE: Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.			
	Please review and, if necessary, corre	ect on the line to the r	ight your contact information	:
	Cadence Employee ID # 7245 Last four digits of Social Security nu	mber		<del></del>
	lldaaddladadddaladadddddaladddddd Roy D. Maynard 153	lluullul		
	If you wish, please add further contact and/or Class Counsel to reach you in settlement check.	et information here. It the event there are qu	This will help the Settlement An actions or difficulties sending	Administrator gyou your
	Telephone number (daytime): Telephone number (evening) E-mail:			•
2.	Your Estimated Settlement Share.	Dates of Employmen	nt, and Work Location	•
Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Cov Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Noti follows:  Dates of Employment				
	State(s) Where You Worked	Start Date	End Date	

Based on this information, your estimated Settlement Share is Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

## 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Pey D. Mayrasd

4-8-2008,200

#### 4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

#### 5. Questions?

Case 5:07-cv-02813-JW Document 68-15 F#6806/19/2008 Page 31 of 80

## Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By
APR 2 1 2008
Settlement Services, Inc.

ENTERED APR 2 1 2008

## **CLAIM FORM**

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1.	. Your Contact Information.	
	Please review and, if necessary, correct on the line to the right	t your contact information:
	Cadence Employee ID # 108625  Last four digits of Social Security number	
	Hduduldudulululululululululululululululu	·
	If you wish, please add further contact information here. This and/or Class Counsel to reach you in the event there are questi settlement check.	will help the Settlement Administratorions or difficulties sending you your
	Telephone number (daytime):  Telephone number (evening)  E-mail:	
2.	Your Estimated Settlement Share, Dates of Employment, a	and Work Location
	Cadence Design Systems, Inc.'s records show that you were en Position during the Covered Period as defined in the Settlemen follows:	mployed by Cadence in a Covered at (see § 1.a. of the Class Notice) as
	Dates of	Employment
	State(s) Where You Worked Start Date	End Date
	CA	<del>-</del>



Based on this information, your estimated Settlement Share is

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3. I wish to receive my share of the proposed Settlement.

Signature

April 9

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Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

#### 5. Questions?

# Higazi v. Cadence Design Systems, IncENTERED MAY 0 8 2008

Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By
MAY 0 8 2008

settlement Services, Inc

## **CLAIM FORM**

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Your Contact Information.  Please review and, if necessary, correct on the line to the	right your contact information:	
Cadence Employee ID # 112289 Last four digits of Social Security number		
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If you wish, please add further contact information here. and/or Class Counsel to reach you in the event there are esettlement check.		
and/or Class Counsel to reach you in the event there are o		
and/or Class Counsel to reach you in the event there are of settlement check.  Telephone number (daytime): Telephone number (evening)	questions or difficulties sending you yo	
and/or Class Counsel to reach you in the event there are of settlement check.  Telephone number (daytime): Telephone number (evening) E-mail:  Your Estimated Settlement Share, Dates of Employmer Cadence Design Systems, Inc.'s records show that you we Position during the Covered Period as defined in the Settle follows:	questions or difficulties sending you yo	our 1

ny

. Your estimated Settlement Based on this information, your estimated Settlement Share is Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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3. I wish to receive my share of the proposed Settlement.

Signature

#### 4. Postmark Deadline

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> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

#### 5. Questions?

Case 5:07-cv-02813-JW Document 68-15

Filed 06/19/2008 Higazi v. Cadence Design Systems, Inc.

Class Action Settlement Administrator Post Office Box 1756 Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

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ettlement Services, Inc.

ENTERED MAY 2 0 2008

Page 35 of 80

## **CLAIM FORM**

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1.	Please review and, if necessary, correct on the line to the right your contact information:			
	Cadence Employee ID # 114289 Last four digits of Social Security nu	ımber		
	lldaddaalladdalladdalladlad Joseph Mezzina 156	daladlal		
	and/or Class Counsel to reach you is settlement check.	act information here. In the event there are qu	This will help the Settlement Administrates or difficulties sending you your .	r
	Telephone number (daytime): Telephone number (evening) E-mail:			
2.	To Entimeted Settlement Share	, Dates of Employme	nt, and Work Location	
<b>4.</b>		1 1 that ***	ere employed by Cadence in a Covered ement (see § 1.a. of the Class Notice) as	3
	Ionows.	Date	es of Employment	
	State(s) Where You Worked	Start Date	End Date	
	CA	e e		

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3. I wish to receive my share of the proposed Settlement.

Date

## 4. Postmark Deadline

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Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

## 5. Questions?

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 RECEIVED PV

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ENTERED MAY 1 4 2008

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	Please review and, if necessary, cor	rect on the line to the r	ight your contact information:			
	Cadence Employee ID # 114289 Last four digits of Social Security n	umber				
	Hibaddaalladdalladladdalladla Joseph Mezzina 156					
	If you wish, please add further cont and/or Class Counsel to reach you i settlement check.	act information here. 'n the event there are q	This will help the Settlement Administrator nestions or difficulties sending you your			
	Telephone number (daytime):  Telephone number (evening)  E-mail:					
2.	Your Estimated Settlement Share	. Dates of Employme	nt, and Work Location			
			re employed by Cadence in a Covered ement (see § 1.a. of the Class Notice) as			
		Date	s of Employment			
	State(s) Where You Worked	Start Date	End Date			
	CA					



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3. I wish to receive my share of the proposed Scttlement.

Signaturé Date

#### 4. Postmark Deadline

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> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

MAY 13 2008

RECEIVED BY

2008

5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.licffcabraser.com/cadence-overtime.htm.jsagafi@lchb.com, or 1-800-541-7358.

Case 5:07-cv-02813-JW

Document 68-15

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## Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 ENTERED APR 1 4 2008
Received By

APR 14 2008

Settlement Services, In

#### **CLAIM FORM**

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1.	. Your Contact Information.			
	Please review and, if necessary, correct	on the line to the	right your contact information:	
	Cadence Employee ID # 108502 Last four digits of Social Security num	ber		
	lldudduldddddddddlldlludddd Steven Michels 94	mdll		
	If you wish, please add further contact is and/or Class Counsel to reach you in the settlement check.			
	Telephone number (daytime): Telephone number (evening) E-mail:			
2.	Your Estimated Settlement Share, Da	tes of Employme	nt, and Work Location	
	Cadence Design Systems, Inc.'s records Position during the Covered Period as d follows:	•	2 7	
	Γ-	Date	s of Employment	
	State(s) Where You Worked Sta	rt Date	End Date	

off

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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Case 5:07-cv-02813-JW Document 68-15 Filed 06/19/2008 - Rage 41 of 80

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

ction Settlement Administrator Post Office Box 1756 allahassee, FL 32302-1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received Bo
APR 1 6 2008
Settlement Services, In

ENTERED APR 1 6 2008

#### **CLAIM FORM**

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	Please review and, if necessary, c	orrect on the line to	o the right your contact info	rmation:
	Cadence Employee ID # 108990 Last four digits of Social Security	number	· 	
	lalıllıddılldıhllalıddılddı. Larry E Miller 17	հետեհեն		
				SCHOTTS AND AND
-	settlement check.  Telephone number (daytime): Telephone number (evening)		-	sending you your
·	settlement check.  Telephone number (daytime):			·
2.	settlement check.  Telephone number (daytime): Telephone number (evening) E-mail:	re, Dates of Emplo	yment, and Work Location were employed by Caden	on ce in a Covered



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Signature

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Document 68-15 \( \textstyle{\interpolestar} \) Filed 06/19/2008

d 06/19/2008 Page 43 of 80

# Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 APR 14 2008

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Received B

Settlement Services, 1

#### **CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

Your Contact Information.	·
Please review and, if necessary, correct on the line to	the right your contact information:
Cadence Employee ID # 101872 Last four digits of Social Security number	
lldınlılıdıdıdınlıllınlınlıdıdınlıdıdıdıd	
If you wish, please add further contact information he and/or Class Counsel to reach you in the event there a settlement check.	
Telephone number (daytime): Telephone number (evening) E-mail:	
Your Estimated Settlement Share, Dates of Employ	yment, and Work Location
Cadence Design Systems, Inc.'s records show that you Position during the Covered Period as defined in the Stollows:	
	Dates of Employment
State(s) Where You Worked Start Date	End Date

Ah

2.

Based on this information, your estimated Settlement Share is Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

Note: If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

#### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
- 3. I wish to receive my share of the proposed Settlement.

Keip C. Nutchell

#### 4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

#### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

Jun. 2. 2008 1:03PM

1. Your Contact Information

189

No. 2052 P. 2

Higazi v. Cadence Design Systems, Inc. ENTERED JUN 0 4 2008
Class Action Settlement Administrator

Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

Received By

p.2

JUN 03 2008

ettlement Services, Inc.

#### **CLAIM FORM**

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Please review and, if necessar	y, correct on the line to	the right your contact infor	mation:
Cadence Employee ID #: 2006 Last four digits of Social Secu	521		
Yackov Mitelman			
If you wish, please add further	contact information he	re. This will help the Settle	ment Administr
and/or Class Counsel to reach y settlement check.	you in the event there a	re questions or difficulties s	sending you you
settlement check.  Telephone number (daytime): Telephone number (evening) E-mail:	you in the event there a	re questions or difficulties s	ending you you
Telephone number (daytime): Telephone number (evening) E-mail:		<del>-</del>	
Telephone number (daytime): Telephone number (evening)	hare, Dates of Employ s records show that you	ment, and Work Location	in a Course
Telephone number (daytime): Telephone number (evening) E-mail:  Your Estimated Settlement SI Cadence Design Systems, Inc.'s Position during the Covered Per	hare, Dates of Employs records show that you riod as defined in the Science	ment, and Work Location	in a Course



Filed 06/19/2008 4083352401

Page 46 of 80

Cadence Design Systems

Jun. 2. 2008 1:03PM

No. 2052 P. 3

Based on this information, your estimated Settlement Share is Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
- 3. I wish to receive my share of the proposed Settlement.

/Yackov Mitelman/ 06/03

#### 4. Postmark Deadline

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> Higazi v. Cadence Class Action Settlement Administrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

#### 5. Questions?

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Case 5:07-cv-02813-JW

Document 68-15

Filed 06/19/2008

Page 47 of 80

**ENTERED** MAY 2 8 2008

Received By

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MAY 2 7 2008

Settlement Services, Inc.

#### Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

#### **CLAIM FORM**

CA

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1.	Your Contact Information.
	Please review and, if necessary, correct on the line to the right your contact information:
	Cadence Employee ID # 202053  Last four digits of Social Security number
	Ilılınlı İlılınlı İlılınlı İlılını İllini İllini Krishan Gopal Mittal 165
	If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
	Telephone number (daytime):  Telephone number (evening)  E-mail:
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location
	Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:
	Dates of Employment
	State(s) Where You Worked Start Date End Date

1 of 2 Claim Form AN OR

Based on this information, your estimated Settlement Share is Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

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I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
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3. I wish to receive my share of the proposed Settlement.

Signature

 $\frac{05/17}{\text{Date}}, 2008$ 

#### 4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

#### 5. Questions?

Case 5:07-cv-02813-JW Document 68-15 Filed 06/19/2008 Page 49 of 80

# Higazi v. Cadence Design Systems, Inc. ENTERED MAY 1 9 2008

Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By MAY 1 9 2008 Settlement Services, In

# **CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	Your Contact Information.  Please review and, if necessary, correct on the line to the right your contact information:
	Cadence Employee ID # 7714  Last four digits of Social Security number  ———————————————————————————————————
	Ildudullududududullulluulluddullul Alan Dean Morales 157
	If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
	Telephone number (daytime): Telephone number (evening) E-mail:
	Section 1 Share Dates of Employment, and Work Location
2.	Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as
	follows:  Dates of Employment
	End Date
	State(s) Where You Worked Start Date End Date
	CA

1 of 2 Claim Form JH HE

Based on this information, your estimated Settlement Share is

Your estimated Settlement
Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class
Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the
Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to
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Settlement Administrator. Your actual Settlement Share may end up being higher or lower than
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# 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
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Signature

19 10,

Date

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Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

#### 5. Questions?

Case 5:07-cv-02813-JW Document 68-15 Filed 06/19/2008 Page 51 of 80 ENTERED MAY 0 2 2008

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

Received By
MAY 0 1 2008
Settlement Services, Inc.

#### **CLAIM FORM**

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1.	Your Contact Information.			
	Please review and, if necessary, corn	rect on the line to the	right your contact information:	
	Cadence Employee ID # 113390 Last four digits of Social Security n	umber		
	lldinduldiddiddidddidddiddd Carlos A. Moreno 159			
	If you wish, please add further conta and/or Class Counsel to reach you in settlement check.	act information here.  In the event there are q	This will help the Settlement Administ uestions or difficulties sending you you	rato
	Telephone number (daytime): Telephone number (evening) E-mail:			
2.	Your Estimated Settlement Share	Dates of Employme	nt, and Work Location	
	Cadence Design Systems, Inc.'s record Position during the Covered Period follows:	ords show that you we as defined in the Settle	ere employed by Cadence in a Covered ement (see § 1.a. of the Class Notice) a	ıs
	·       [	Date	es of Employment	
	State(s) Where You Worked	Start Date	End Date	

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Based on this information, your estimated Settlement Share is \$ Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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3. I wish to receive my share of the proposed Settlement.

Signature

4/25/2008

2000 و

Date

#### 4. Postmark Deadline

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Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

#### 5. Questions?

ENTERED JUN 0 4 2008

Higazi v. Cadence Design Systems, Inc.

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008



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Į.	Your Contact Informatio	<u>п</u> .			:		
	Please review and, if neces	sary, correct on the line t	to the righ	t your contact	informati	on;	
	Cadence Employee ID # 20	00109	Λ.	,. 1° .		****	
	Last four digits of Social S		•	÷.		, i.	
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		•		•			
	Ուհաիժումերինի հումենում	ւնՈհաժեսո/հոհն		in de la companya da la companya da la companya da la companya da la companya da la companya da la companya da La companya da la companya da la companya da la companya da la companya da la companya da la companya da la co	>	. S.i .	. •
•	Manish Mundhada	177	٠,	State Section	i.		
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If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.

Telephone number (daytime): Telephone number (evening) E-mail:

### Your Estimated Settlement Share, Dates of Employment, and Work Location

Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:

		Dates of Employment	· · · · · · · · · · · · · · · · · · ·
State(s) Where You Worked	Start Date	End Date	

CA



Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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CJ C CJundhada
Signature

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# Higazi v. Cadence Design Systems, Inc. ENTERED MAY 2 1 2008 Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By MAY 21 2008

Settlement Services, Inc.

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1.	Your Contact Information.  Please review and, if necessary, corre Cadence Employee ID # 200109 Last four digits of Social Security nur		right your contact information:
	lhlmhluulluhlhlumllluduhlllumllu Manish Mundhada 177		
	and/or Class Counsel to reach you in settlement check.  Telephone number (daytime): Telephone number (evening)	1 110 0 1 0 1 1	e. This will help the Settlement Administrator e questions or difficulties sending you your
	. CI	Dates of Employ	ment, and Work Location
2.	Your Estimated Settlement Share Cadence Design Systems, Inc.'s rec Position during the Covered Period follows:	as defined in the Se	ettlement (see § 1.a. of the Class Notice) as
	10110 11.51	I	Dates of Employment
	Von Worked	Start Date	End Date
	State(s) Where You Worked		
	CA		

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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3. I wish to receive my share of the proposed Settlement.

CJ. C. CJundhada
Signature

<u>OS | OS |</u>, 2008

### 4. Postmark Deadline

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Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

#### 5. Questions?

# **ENTERED** MAY 2 8 2008

Higazi v. Cadence Design Systems, Inc.
Class Action Settlement Administrator
Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By

MAY 2 7 2008

Settlement Services, Inc.

#### **CLAIM FORM**

CO

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

Your Contact Information.
Please review and, if necessary, correct on the line to the right your contact information:
Cadence Employee ID # 226  Last four digits of Social Security number
Huldhuldhuldhuldhuldhuldhuldhuldhuldhuldh
If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
Telephone number (daytime): Telephone number (evening) E-mail:
Your Estimated Settlement Share, Dates of Employment, and Work Location
Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as follows:
Dates of Employment
State(s) Where You Worked Start Date End Date

1 of 2 Claim Form

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Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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#### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Signature

May 2/ ,2008
Date

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#### 5. Questions?

Document 68-15 | Filed 06/19/200 ENTERED OF 80 2 8 2008 Case 5:07-cv-02813-JW

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By

MAY 2 7 2008

Settlement Services, Iru

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1.	Your Contact Information.  Please review and, if necessary, correct on the line to the right your contact information:
	Cadence Employee ID # 106332  Last four digits of Social Security number  ———————————————————————————————————
	Hdudddluddudddduddduddddd Shakuntala Nagarajan 200
	If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
	Telephone number (daytime):  Telephone number (evening)  E-mail:
_	E-mail:  Your Estimated Settlement Share, Dates of Employment, and Work Location  Your Estimated Settlement Share, Dates of Employment, and Work Location
2.	Your Estimated Settlement Share, Dates of English Power States of English Powe
	follows:  Dates of Employment
	End Date
	State(s) Where You Worked Start Date Elid Date
	CA

1 of 2 Claim Form

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Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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3.	I wish to receive my share of the	proposed Settlement	_		
	Shakuntele Nazy	magn	5/21	08	, 2008
	Signature U	<del>0</del> —–	Date	<del></del>	, 2000

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Higazi v. Cadence Design Systems, Inc.

#### Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

Received B MAY 1 6 2008 Settlement Services, In-

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Please review and, if necessary, correct on the line to the right your contact information:  Cadence Employee ID # 101033  Last four digits of Social Security number  Illumbi	
Illumination of Social Security number    Chandramohan Narayanan   44	
If you wish, please add further contact information here. This will help the Settlement Ad and/or Class Counsel to reach you in the event there are questions or difficulties sending y settlement check.  Telephone number (daytime):	
Telephone number (daytime):	— — — ministrato ou your
Telephone number (daytime):  Telephone number (evening)  ———————————————————————————————————	
E-mail:	
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Dates of Employment	
State(s) Where You Worked Start Date End Date	
CA	

1 of 2 Claim Form

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- 3. I wish to receive my share of the proposed Settlement.

N Cf ol May 10<sup>th</sup>, 2008
Signature

Date

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# Higazi v. Cadence Design Systems, Inc. ENTERED MAY 1 9 2008

Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By MAY 19 2008 Settlement Services, In-

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1.	Your Contact Information.		
	Please review and, if necessary, co	prrect on the line t	to the right your contact information:
	Cadence Employee ID # 112177 Last four digits of Social Security	number	
	llılınlıdllındıdılılınıdlıdlındıdı Padmaja K. Narwankar	dhaalllalal 199	
	If you wish, please add further cor and/or Class Counsel to reach you settlement check.	ntact information lin the event there	here. This will help the Settlement Administrato e are questions or difficulties sending you your
	Telephone number (daytime): Telephone number (evening) E-mail:	•	
2.	Your Estimated Settlement Shar		
	Cadence Design Systems, Inc.'s re Position during the Covered Period follows:	cords show that y	you were employed by Cadence in a Covered e Settlement (see § 1.a. of the Class Notice) as
	2020	` <u> </u>	Dates of Employment
	State(s) Where You Worked	Start Date	End Date
	State(s) where You worked	Danie Date	
	CA		•

1 of 2 Claim Form At Uh

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3. I wish to receive my share of the proposed Settlement. Signature

05 / 14 , 2008 Date

Page 64 of 80

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ENTERED MAY 3 0 2008

Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756 Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By MAY 8 0 2008 Settlement Services, Inc.

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1.	Your Contact Information				
	Please review and, if necessary, co	orrect on the line	to the right your contact information:		
	Cadence Employee ID #: 2675 Last four digits of Social Security	number:			
	Susan D. Nathan				
	-··				
	and/or Class Counsel to reach you settlement check.  Telephone number (daytime): Telephone number (evening) E-mail:	in the event there	nere. This will help the Settlement Administrator are questions or difficulties sending you your		
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location				
	<b>~</b> • • • •	-	ou were employed by Cadence in a Covered Settlement (see § 1.a. of the Class Notice) as		
			Dates of Employment		
	State(s) Where You Worked	Start Date	End Date		
	CA		,		



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Signature May 29

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Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756 Tallahassee, FL 32302-1756

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ENTER 1137 0 6 2008

Received By MAY 0 5 2008 Settlement Services, in.

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1.	Your Contact Information.
	Please review and, if necessary, correct on the line to the right your contact information:
	Cadence Employee ID # 101745  Last four digits of Social Security number
	llduddudlulluddddddddddd Chung Ngo 164
	If you wish, please add further contact information here. This will help the Settlement Administrate
	and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
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# Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

Received B

APR 2 4 Forth
Settlement Services, 11.

ENTERED APR 2 4 2008

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	Please review and, if necessary, correct on the line to the right your contact information:
	Cadence Employee ID # 100959  Last four digits of Social Security number
	lldaddadladladladdadladdl Henry X. Nguyen 55
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	${f TX}$

1 of 2 Claim Form



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Signature

4/12 Date

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#### 5. Questions?

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# Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received By

APR 2 1 2008

APR 2 1 2008

Jettlement Services, Inc.

## **CLAIM FORM**

**NOTE:** Please read the enclosed "Notice of (1) Proposed Class Settlement and (2) Final Settlement Approval Hearing" (the "Class Notice") before completing this Claim Form.

DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by <u>June 4, 2008</u>.

1.	Your Contact Information.			
	Please review and, if necessary, corr	ect on the line to	o the right your contact information:	
	Cadence Employee ID # 106397 Last four digits of Social Security no			
	lldaddaalladladladladladlad Hoa T. Nguyen 74	Llulllud		
	•			
	If you wish, please add further conta and/or Class Counsel to reach you is settlement check.	act information had the event there	here. This will help the Settlement Admi e are questions or difficulties sending you	nistrato your
	Telephone number (daytime): Telephone number (evening) E-mail:		<del>-</del>	<del>-</del> -
2.	Your Estimated Settlement Share	, Dates of Emp	loyment, and Work Location	
	Cadence Design Systems, Inc.'s rec Position during the Covered Period	anda above that s	you were employed by Cadence in a Cove e Settlement (see § 1.a. of the Class Notice	ered ce) as
	follows:	<u> </u>	Dates of Employment	
	Tr. W. J. J	Start Date	End Date	<b>1</b>
	State(s) Where You Worked	Start Date		_
	CA		•	



Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

#### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.

3. I wish to receive my share of the proposed Settlement.

Hoa Shanh Nguyen
Signature

#### 4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

Higazi v. Cadence Class Action SettlementAdministrator
Post Office Box 1756
Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

#### 5. Questions?

# Higazi v. Cadence Design Systems, Inc. Class Action Settlement Administrator Post Office Part 1777

Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received B

JUN 0 2 2008

Settlement Service

#### **CLAIM FORM**

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DEADLINE: To receive any money from this settlement, you must properly complete and submit a Claim Form to the Settlement Administrator, Settlement Services, Inc., POSTMARKED or DELIVERED (via facsimile or professional or personal delivery) by June 4, 2008.

1.	Your Contact Information.
	Please review and, if necessary, correct on the line to the right your contact information:
	Cadence Employee ID # 106058  Last four digits of Social Security number
	Ilduduldddddddddddddddddddddddddddddddd
	If you wish, please add further contact information here. This will help the Settlement Administrator and/or Class Counsel to reach you in the event there are questions or difficulties sending you your settlement check.
	Telephone number (daytime):  Telephone number (evening)  E-mail:
2.	Your Estimated Settlement Share, Dates of Employment, and Work Location
	Cadence Design Systems, Inc.'s records show that you were employed by Cadence in a Covered Position during the Covered Period as defined in the Settlement (see § 1.a. of the Class Notice) as
	follows:
	Dates of Employment
	State(s) Where You Worked Start Date End Date

CA

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

If you believe that your work location or number of work weeks is incorrect as stated, please (i) correct that information in the space below (using additional paper if necessary), and (ii) enclose documentary evidence supporting your correction(s).

**Note:** If you do not submit a correction, you waive your right to challenge the above pre-printed information. By submitting a correction, you are authorizing the Settlement Administrator to review Cadence's records and make a determination based on Cadence's records and the records you submit. This determination may increase or decrease the value of your share of the settlement. All such determinations by the Settlement Administrator are final and binding with no opportunity for further appeal.

#### 3. Signature and Confirmation of Consent to Join Collective Action

I declare under penalty of perjury under the laws of the United States that:

- 1. The information set forth above regarding my employment with Cadence Design Systems, Inc. (including any corrections I have made), is true and correct.
- 2. I have read the Class Notice and I understand that, in signing this form, I (i) consent to join this collective action pursuant to section 16(b) of the Fair Labor Standards Act, 29 U.S.C. § 216(b); (ii) consent to release all of the state and federal claims as described in the Class Notice (see § 5 of the Class Notice); (iii) consent to the jurisdiction of the U.S. District Court for the Northern District of California presiding over this case; and (iv) authorize Class Counsel to act on my behalf in all matters relating to this action, including the settlement of my claims.
- 3. I wish to receive my share of the proposed Settlement.

Film Asimin Nymen Signature

#### 4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

#### 5. Questions?

If you have questions regarding this Claim Form, please contact the Settlement Administrator at the number above or Class Counsel (the attorneys who represent the Class) at http://www.lieffcabraser.com/cadence-overtime.htm, jsagafi@lchb.com, or 1-800-541-7358.

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Filed 96/19/2008

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> Received By APR 2 1 2008 settlement Services, Inc

# Higazi v. Cadence Design Systems, Inc. **Class Action Settlement Administrator** Post Office Box 1756

Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

#### **CLAIM FORM**

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. I dui Contact information.		
Please review and, if necessary, co	orrect on the line t	to the right your contact information:
Cadence Employee ID # 110046 Last four digits of Social Security	number	
llduludllandullaludludludludl Lee Nichols 144	Halalallal	
	•	
•		·
and/or Class Counsel to reach you settlement check.  Telephone number (daytime): Telephone number (evening) E-mail:	m me event mere	are questions or difficulties sending you you
Your Estimated Settlement Shar	e, Dates of Empl	oyment, and Work Location
		ou were employed by Cadence in a Covered Settlement (see § 1.a. of the Class Notice) a
		Dates of Employment
State(s) Where You Worked	Start Date	End Date
UT		
. 171		

. Your estimated Settlement Based on this information, your estimated Settlement Share is Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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3. I wish to receive my share of the proposed Settlement.

Signature

18 APRIL ,2008

Date

#### 4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before June 4, 2008. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

> Higazi v. Cadence Class Action SettlementAdministrator Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008

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# Page 77 of 80

Higazi v. Cadence Design Systems, Inc. ENTERED JUN 0 2 2008 Class Action Settlement Administrator Post Office Box 1756 Tallahassee, FL 32302-1756

Tel.: (866)854-6044 Fax: (850)385-6008

Received By

JUN 02 2008

Settlement Services, In.

#### **CLAIM FORM**

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Your Contact Information.			
Please review and, if necessary, con	rrect on the line to the	right your contact information:	
Cadence Employee ID # 103895 Last four digits of Social Security r	number		
llılındılınıllılınlınlınlınlılılılındılılı Deepna Nishar 54	ահհետ		
If you wish, please add further cont and/or Class Counsel to reach you is settlement check.	tact information here. in the event there are q	This will help the Settlement Acuestions or difficulties sending y	lministrator /ou your
Telephone number (daytime): Telephone number (evening) E-mail:			
Your Estimated Settlement Share	e, Dates of Employme	nt, and Work Location	
Position during the Covered Period	cords show that you we as defined in the Settle	ere employed by Cadence in a Coment (see § 1.a. of the Class No	overed otice) as
ionows:	<u> </u>	077	<del></del>
State(s) Where You Worked	Start Date	End Date	
	Please review and, if necessary, concadence Employee ID # 103895 Last four digits of Social Security is a limited by the limit	Please review and, if necessary, correct on the line to the Cadence Employee ID # 103895 Last four digits of Social Security number	Please review and, if necessary, correct on the line to the right your contact information:  Cadence Employee ID # 103895  Last four digits of Social Security number

Based on this information, your estimated Settlement Share is . Your estimated Settlement Share is calculated under the assumption that (i) the Court finally approves the Settlement; (ii) all Class Members participate and submit valid claims; and (iii) the Court approves the amounts sought for the Class Representative Payment, the Class Counsel Attorneys' Fees and Costs Payment, the payment to the Labor and Workforce Development Agency of the State of California, and the payment to the Settlement Administrator. Your actual Settlement Share may end up being higher or lower than estimated.

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3. I wish to receive my share of the proposed Settlement.

Signature Signature

May 30, 2008

#### 4. Postmark Deadline

Your Claim Form must be POSTMARKED or DELIVERED (via facsimile transmission or professional or personal delivery) on or before <u>June 4, 2008</u>. A Claim Form postmarked or received by the Settlement Administrator later than this deadline will not be accepted absent good cause shown. A self-addressed, postage pre-paid stamped envelope has been enclosed for your convenience. This Claim Form must be mailed or delivered to the Settlement Administrator at:

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Tallahassee, FL 32302-1756
Tel.: (866)854-6044 Fax: (850)385-6008

#### 5. Questions?

Case 5:07-cv-02813-JW

Document 68-15

#Filed 06/19/2008

ENTERED<sup>8</sup>APR 1 4 2008

Higazi v. Cadence Design Systems, Inc., Class Action Settlement Administrator

Post Office Box 1756 Tallahassee, FL 32302-1756 Tel.: (866)854-6044 Fax: (850)385-6008 Received in APR 14 2008

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1.	Your Contact Information.				
	Please review and, if necessary, co	orrect on the line t	to the right your contact	information:	
	Cadence Employee ID # 116613 Last four digits of Social Security	number			<u> </u>
	llılındılındlılılılılındlıdındıdlındı James O. Njoku 70			,	
	<b>~</b> -		— ·	<del></del>	- -
	If you wish, please add further cor and/or Class Counsel to reach you settlement check.		<u>-</u>		
	Telephone number (daytime): Telephone number (evening) E-mail:				- -
•	Your Estimated Settlement Shar	e, Dates of Empl	oyment, and Work Lo	cation	
	Cadence Design Systems, Inc.'s re Position during the Covered Period follows:	_	·		
			Dates of Employment	•	7
	State(s) Where You Worked	Start Date	End Da	te	
	CA	* · · · · · · · · · · · · · · · · · · ·	· .		

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3. I wish to receive my share of the proposed Settlement.

Signature

April 10th

#### 4. Postmark Deadline

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